

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-012324

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 301 Primary Registration District No. \_\_\_\_\_ Registrar's No. 25VS 300  
Rev. 4/590910  
20910

3

4 15 2

6

7 08 09 331X

10

11

12 90-013 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

FILED MAR 19 1962

1. PLACE OF DEATH

a. COUNTY

Ripleyb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWNDoniphan

Length of stay in 1b

Lifec. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTIONR#1

Inside Limits

Yes ☐ No ☒c. CITY  
OR TOWNDoniphand. STREET  
ADDRESSR#1

Inside Limits

Yes ☐ No ☒

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First

Lillie

Middle

Pearl

Last

Miles4. DATE  
OF DEATH

Month

MAR.

Day

11, 1962

Year

5. SEX

Female

6. COLOR OR RACE

White7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

3-22-1900

9. AGE (last birthday)

61

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

Doniphan, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

George Rideout

13b. MOTHER'S MAIDEN NAME

ORA Featherston

14. NAME OF HUSBAND OR WIFE

Mrs. Claude Ponder Doniphan, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

—

17. INFORMANT

Mrs. Claude Ponder Doniphan, Mo.

Address

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Vascular AccidentINTERVAL BETWEEN  
ONSET AND DEATH7 hrs.Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Hypertension3 yr.

DUE TO (c)

Cerebral Arteriosclerosis3 yr.PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I.(a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12/15/61 to 3/11/62 and last saw her alive on 3/11/62  
Death occurred at 5:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Describe or title)

Tom R. Buchanan Jr. MD

22b. ADDRESS

Doniphan, Mo

22c. DATE SIGNED

3/13/6223a. BURIAL, CREMATION,  
REMOVAL (Specify)

23b. DATE

MAR. 13

23c. NAME OF CEMETERY OR CREMATORY

Amity Cemetery

23d. LOCATION (City, town, or county)

Ripley County, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Edwards Funeral Home Doniphan, Mo.

25. DATE RECD. BY LOCAL REG.

3-13-62

26. REGISTRAR'S SIGNATURE

Flora Broz

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Donald B. Sloan

Licensed Embalmer No. 5127

P. O. Address Van Buren, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued 3-13-62 J.D.